

No. 2
-5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20800
State File No. 20800
Registrar's No. 157

FILED JUL 10 1943
Registration District No. 8

Primary Registration District No. 3006

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Ellis Freshel State Cancer Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
In this community 5 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Callaway
(c) City or town Fulton
(If outside city or town limits, write "RURAL")
(d) Street No. 310 9th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1 2

3. (a) PRINT FULL NAME Julia Dudley
3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex Female 5. Color or race Negre 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased January 14 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>5</u>	<u>12</u>	<u>11</u> hr. <u>35</u> min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name George Dudley
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ruby Glover
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Pl. (Julia Dudley)
(b) Address Fulton Mo

17. (a) Burial (b) Date the June 28-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fulton Mo

18. (a) Signature of funeral director Eli Bell
(b) Address Fulton Mo

19. (a) 6-26-43 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1943 hour 11 minute 25 A.M.
21. I hereby certify that I attended the deceased from June 20th
2 1943 to June 26 1943
that I last saw her alive on June 26 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Epidermoid carcinoma of cervix with invasion of bladder and metastases to regional lymph nodes.
Due to Writemia

Other conditions (Include pregnancy within 3 months of death)
HGA

Major findings: Of operations
Of autopsy See above

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury

23. Signature J. A. Ackerman (M. D. or other) M.D.
Address Cancer Hospital Cabin Mo Date signed 6/26/43

Duration
9 m
PHYSICIAN
Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. *2130*

P. O. Address *Pullman Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.